

**DIVISION OF MRDD WAIVER PROGRAM  
PERSONAL ASSISTANT SERVICES  
TRAINING CHECKLIST**

PERSONAL ASSISTANT \_\_\_\_\_ REGIONAL CENTER \_\_\_\_\_

COMPLETED/REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Regional Center Staff)

The personal assistant must meet training requirement 1 and 2. However, the individual, family, or guardian may exempt the personal assistant from meeting training requirements 3, 4 and/or 5 if the exemption is due to either reason A or B stated below. To grant an exemption, the appropriate reason code, A or B, must be marked in the exemption column. Document on the form the type and source of training the personal assistant has received and the date of the training for each requirement that is not exempted.

**EXEMPTION REASONS AND CODES:**

- [A] Duties of the personal assistant named above will not require skills to be attained from this training requirement.  
[B] The personal assistant named above has adequate knowledge or experience.

*Signature of the individual, family, or guardian signifies approval of the training plan and approval of any exemptions granted.*

Signature \_\_\_\_\_ DATE \_\_\_\_\_

| TRAINING REQUIREMENTS   | CHECK<br>APPLICABLE<br>EXEMPTION<br>CODE(S)          |
|---|--|
| 1. Procedures and expectations related to the personal assistant, including following the Individualized Plan of Care, the rights and responsibilities of the provider and the consumer, procedures for billing and payment, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the regional center.<br>Provided by _____ Date _____   | NO<br>EXEMPTION                                      |
| 2. Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.<br>Provided by _____ Date _____   | NO<br>EXEMPTION                                      |
| 3. Training in CPR and first aid and, if administration of ordinarily self-administered medication is required by the consumer, training in medication administration. As needed due to challenging behavior by the consumer, the assistant will also be trained in behavioral intervention techniques approved by the regional center. Exemption of CPR or First Aid training <u>is not recommended</u> . Exemption of Medication Administration (3C.) <u>is not allowed</u> if medication will be administered.<br><br>A. CPR Training provided by _____ Date _____<br>B. First aid training provided by _____ Date _____<br>C. Medication administration training provided by _____ Date _____<br>D. Behavior intervention training provided by _____ Date _____ | [] A    [] B<br>[] A    [] B<br>[] A<br>[] A    [] B |
| 4. Training in communication skills; in understanding and respecting consumer choice and direction; in respecting the consumer's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.<br>Provided by _____ Date _____   | [] A    [] B   |
| 5. Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the consumer and identified by the team.<br>Provided by _____ Date _____   | [] A    [] B   |

INDIVIDUAL CONTRACTORS ONLY

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